

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002687	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2022
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NAME OF PROVIDER OR SUPPLIER SHERIDAN VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 5838 NORTH SHERIDAN ROAD CHICAGO, IL 60660
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Annual Licensure Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.698(c)</p> <p>Section 300.698 COVID-19 Vaccination of Facility Staff EMERGENCY</p> <p>c) Each facility shall require its staff who are not up to date on COVID-19 vaccinations to undergo testing for COVID-19, twice weekly, with tests administered at least three days apart. If staff who are not up to date on COVID19 vaccinations are not tested as required by this subsection, the staff shall not be permitted to enter or work at the facility.</p> <p>These requirments are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow policy on infection control related to Covid-19 testing for 8 facility staffs (V6 (Licensed Practical Nurse), V7 (Licensed Practical Nurse), V8 (Certified Nursing Assistant), V9 (Therapist), V10 (Therapist), V11 (Clinical Training), V12 (Security), V13 (Admissions) that were not completely vaccinated for Covid-19. These failures have the potential to affect 155 resident living in the facility.</p> <p>Finding include:</p> <p>04/12/22 11:25 AM, V5 (Infection Preventionist) stated that facility received a lab result for R28</p>			
			<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>being positive with Covid-19 and because of that, R28 was transferred from the 6th floor to the 2nd floor which is on a Covid-19 designated area. On the 2nd floor the facility has a Covid-19 area, included on that area are 2 residents R28 and R61. V5 stated that R61 was not Covid-19 positive but has ESBL infection on the urine.</p> <p>Review on facility staff Covid-19 vaccination status are as follows: Total staff 164 None vaccinated staff that was granted exemption was 8: (V6 (Licensed Practical Nurse), V7 (Licensed Practical Nurse), V8 (Certified Nursing Assistant), V9 (Therapist), V10 (Therapist), V11 (Clinical Training), V12 (Security), V13 (Admissions).</p> <p>V5 then submitted a Covid-19 testing result that reads, none vaccinated staffs were not tested twice a week and some staff were not tested at all. V5 stated, facility staff that are not vaccinated or fully vaccinated; testing must be done twice a week.</p> <p>Review of Facility Schedule documents that staff that are not fully vaccinated were scheduled to worked on multiple dates:</p> <p>Direct care staff (V6 (Licensed Practical Nurse), V7 (Licensed Practical Nurse), V8 (Certified Nursing Assistant), V9 (Therapist), V10 (Therapist) were scheduled to work on multiple dates for the month of March and April.</p> <p>04/14/2022 at 10:35 AM, V5 confirmed that</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>unvaccinated staff were allowed to work without the required testing. V5 added that facility has no contingency that will address the issue immediately.</p> <p>R28 Covid-19, RT-PCR result dated 4/12/2022 reads Positive.</p> <p>Facility Covid-19 Testing and Response Plan dated 2/18/2022 reads:</p> <p>It shall be the policy of the Facility to guard against the introduction and spread of SARS-Cov-2 within its community of residents and staff.</p> <p>Facility Coronavirus Disease (COVID-19) Policy and Procedure with effective date 2/4/2020 reads:</p> <p>The facility will follow and implement recommendations and guidelines in accordance with Centers for Disease Control and Prevention, the State Department of Public Health and County Department of Public Health.</p> <p>Both policies reads that all unvaccinated staff will be COVID 19 tested twice a week regardless of COVID 19 transmission rate.</p> <p>Facility will test all residents and Health Care Professional regardless of vaccination status when a single case of Covid-19 is identified in the facility.</p> <p>Work restrictions for Health Care Profession who have not received all Covid-19 vaccine and booster doses as recommended by CDC.</p> <p>(A)</p>	S9999		

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STREET ADDRESS, CITY, STATE, ZIP CODE

SHERIDAN VILLAGE NRSG & RHB

**5838 NORTH SHERIDAN ROAD
CHICAGO, IL 60660**

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